



MEMBER AUTHORIZATION TO RELEASE INFORMATION AND DOCUMENTS FORM

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

475 14th Street, Suite 1000, Oakland, CA 94612-1900

Telephone: 510-628-3000 or 1-800-838-1932

Fax: 510-268-9574

Website: www.ACERA.org

Please Print or Type

I, _____, am a member of the Alameda County Employees' Retirement Association (ACERA).

I hereby authorize ACERA to release and disclose my retirement information and information contained in my confidential ACERA member file to: _____

ACERA is authorized to provide the information listed below, and requested by: _____

Information ACERA my release and disclose is as follows:

- All information requested.
- The following specific information only: _____

This authorization is effective:

- Indefinitely.
- Until: _____

I understand that I have the right to revoke this authorization at any time by notifying ACERA in writing. I understand that the revocation is only effective after it is received and logged by ACERA. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.

A copy of this document will be sufficient unless I cross out this sentence, in which event ACERA will require that my signature on this statement be an original.

I understand that after this information is disclosed, State and Federal law might not protect it and the recipient might use or disclose it to others with or without my knowledge, consent, or authorization.

Signature: _____ Date: _____